

United States District Court  
Violation Notice

(Rev. 1/2019)

|                              |                                    |  |                           |
|------------------------------|------------------------------------|--|---------------------------|
| Location Code<br><b>ALWZ</b> | Violation Number<br><b>9763062</b> | Officer Name (Print)<br><b>A. Barbay</b> | Officer No.<br><b>829</b> |
|------------------------------|------------------------------------|--|---------------------------|

YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

|  |  |
|--|--|
| Date and Time of Offense<br><b>08/26/2021 0912</b> | Offense Charged <input checked="" type="checkbox"/> CFR <input type="checkbox"/> USC <input type="checkbox"/> State Code<br><b>36 CFR 2.35(n)(2)</b> |
|--|--|

|  |
|--|
| Place of Offense<br><b>Denali Park Road Mile 3</b> |
|--|

|   |                                 |
|---|---------------------------------|
| Offense Description: Factual Basis for Charge | HAZMAT <input type="checkbox"/> |
|---|---------------------------------|

Possess Controlled  
Substance

|                       |  |
|-----------------------|--|
| DEFENDANT INFORMATION | Phone: ( <b>907</b> ) <b>371</b> - <b>4965</b> |
|-----------------------|--|

|                             |                              |                   |
|-----------------------------|------------------------------|-------------------|
| Last Name<br><b>BUCKLEY</b> | First Name<br><b>Jeffery</b> | M.I.<br><b>J.</b> |
|-----------------------------|------------------------------|-------------------|

|   |
|---|
| Street Address<br><b>1852 Caribou Way</b> |
|---|

|                          |                    |                          |                                    |
|--------------------------|--------------------|--------------------------|------------------------------------|
| City<br><b>Fairbanks</b> | State<br><b>AK</b> | Zip Code<br><b>99709</b> | Date of Birth<br><b>05/05/1972</b> |
|--------------------------|--------------------|--------------------------|------------------------------------|

|                                       |                              |                         |   |
|---------------------------------------|------------------------------|-------------------------|---|
| Drivers License No.<br><b>7410457</b> | CDL <input type="checkbox"/> | D.L. State<br><b>AK</b> | Social Security No.<br><b>540 19 2511</b> |
|---------------------------------------|------------------------------|-------------------------|---|

|   |  |                  |                    |                       |                      |
|---|--|------------------|--------------------|-----------------------|----------------------|
| <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile | Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Hair<br><b>/</b> | Eyes<br><b>BLU</b> | Height<br><b>6'00</b> | Weight<br><b>180</b> |
|---|--|------------------|--------------------|-----------------------|----------------------|

|         |               |                              |
|---------|---------------|------------------------------|
| VEHICLE | VIN: <b>/</b> | CMV <input type="checkbox"/> |
|---------|---------------|------------------------------|

|                           |                    |                   |                                   |                               |                     |
|---------------------------|--------------------|-------------------|-----------------------------------|-------------------------------|---------------------|
| Tag No.<br><b>GRA 438</b> | State<br><b>AK</b> | Year<br><b>11</b> | Make/Model<br><b>Toyota Prius</b> | PASS <input type="checkbox"/> | Color<br><b>Red</b> |
|---------------------------|--------------------|-------------------|-----------------------------------|-------------------------------|---------------------|

|  |  |
|--|--|
| <b>APPEARANCE IS REQUIRED</b>  | <b>APPEARANCE IS OPTIONAL</b>  |
| A <input checked="" type="checkbox"/> If Box A is checked, you must appear in court. See instructions. | B <input type="checkbox"/> If Box B is checked, you must pay the total collateral due or in lieu of payment appear in court. See instructions. |
|  | \$ _____ Forfeiture Amount   |
|  | + \$30 Processing Fee  |
| <b>PAY THIS AMOUNT AT</b><br><b>www.cvb.uscourts.gov →</b>   | \$ _____ <b>Total Collateral Due</b>   |

YOUR COURT DATE

(If no court appearance date is shown, you will be notified of your appearance date by mail.)

|                                    |                  |
|------------------------------------|------------------|
| Court Address<br><b>In Custody</b> | Date<br><b>/</b> |
|                                    | Time<br><b>/</b> |

My signature signifies that I have received a copy of this violation notice. It is not an admission of guilt. I promise to appear for the hearing at the time and place instructed or in lieu of appearance pay the total collateral due.

X Defendant Signature

Original - CVB Copy

In Custody